

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 09/15/2005		2. CONTRACT NO. (If any) V797P-4336A		6. SHIP TO: DEBORAH NELSON	
3. ORDER NO. SAQMPD05A1429		4. REQUISITION/REFERENCE NO. 6025-550170		a. NAME OF CONSIGNEE MEDICAL SUPPLY AND SUPPORT (MED/EX/MSS)	
5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON VA UNITED STATES 22219 Contact: Pete Jones Tel: 703-875-6273				b. STREET ADDRESS 2401 E STREET, NW SA-1, L101	
c. CITY WASHINGTON		d. STATE DC	e. COUNTRY UNITED STATES	f. ZIP CODE 20037	
7. TO:					
a. NAME OF CONTRACTOR				8. TYPE OF ORDER	
b. COMPANY NAME MEDTRONIC PHYSIO-CONTROL DUNS No: 009251992				<input type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
c. STREET ADDRESS 11811 WILLOWS ROAD NE				REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY REDMOND	e. STATE WA	e. COUNTRY UNITED STATES	f. ZIP CODE 98052-1013		
9. ACCOUNTING AND APPROPRIATION DATA 1900 - 2005 - - X45191 - 6025 - 6025550170 - 5624 - 2589 - - 016520 - - \$ 0.00				10. REQUISITIONING OFFICE ADMINISTRATIVE DIV (MED/EX/A)	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED				14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/30/2006		16. DISCOUNT TERMS 10 days % 20 days % 30 days % days %	
13. PLACE OF									
a. INSPECTION		b. ACCEPTANCE							

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
SEE LINE ITEM DETAIL						
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)
21. MAIL INVOICE TO: A. Gordon						
a. NAME FINANCIAL SRVC CTR, CHARLESTON, SOUTH CAROLINA (RM/F/IFS/CFSC)						
b. STREET ADDRESS (or P.O. Box) 1969 DYESS AVENUE, Building C, FINANCIAL MGMT DIVISION (RM/GFS/ADO/FM)						17(i) GRAND TOTAL
c. CITY CHARLESTON		d. STATE SC	e. COUNTRY UNITED STATES	f. ZIP CODE 29405	USD 0.00	

22. UNITED STATES OF AMERICA BY (Signature) 		23. NAME (Typed) Pete Jones TITLE: CONTRACTING/ORDERING OFFICER	
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Line Item Summary		Document Number	Title		Page
		SAQMPD05A1429	MEDTRONIC ID/IQ (BPA) - Opt Yr 1		2 of 2
*Total Funding: USD		0.00 (USD)			
Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost (Includes Discounts)
	The purpose of this request is to excercise Option Year One				
0001	Exercise Option Year 1 of SAQMPD04A1063 - a BPA with Medtronic under VA Contract V797P-4336a. All Department of State activities are authorized to order items from the BPA. This is a no-cost exercise of the first option year. Each ordering activity is required to use their own fiscal strip for purchase of supplies or services on the BPA. Credit card use is authorized. Ref Req No: 6025-550170 Delivery Date (Start to End) Date FOB: 09/30/2006 (10/01/2005 to 09/30/2006) Destination Funding Information: 1900 - 2005 - - X45191 - 6025 - 6025550170 - 5624 - 2589 - - 016520 - - - USD0.00	1.00		.000	0.00
				Total Cost: USD	0.00 (USD)
				Total Cost: USD (Including Tax)	0.00 (USD)